

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10559

1. PLACE OF DEATH

County Jackson
Township Star
City St. Louis (No. 5109 Baltimore)

Registration District No. 396
Primary Registration District No. 1002

File No. _____
Registered No. 10559
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 5109 Baltimore St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 4 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>1</u>	<u>4</u>	<u>4</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inft.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) N.E.
(STATE OR COUNTRY) Mo

10. NAME OF FATHER J.E. Welsh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kas.

12. MAIDEN NAME OF MOTHER Evelyn O'Leary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

14. INFORMANT J.E. Welsh
(Address) 5109 Baltimore

15. FILED 3/3 1929 M. M. Conner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 24 to Mar 2 that I last saw her alive on Mar 2, 1929, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labour pneumonia
10 10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) H.K. Drury M.D.
3/3 1929 (Address) 244 Medical Arts Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calvary Cemetery 3/4 1929

20. UNDERTAKER ADDRESS
W.F. Mayberry Kennett Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. J. H. ...

214 2nd St. ...

... 6 ...